

*Medical records*

THE UNIVERSITY OF MICHIGAN

ANN ARBOR

UNIVERSITY HOSPITAL

*Medical Center*

PAGE THREE

RE: SCHMIDT, ALVIN  
REG.NO: 1 735 078 1

rheumatoid factor were negative. The patient had a head CT scan after a stroke which was within normal limits shortly after the stroke. After resolution of his stroke, the patient was started on Coumadin, currently on Coumadin 7.5 mg p.o.q.d. The patient was discharged to home on 10-21-82 in fair condition. *I DIDN'T KNOW BEING HALF PARALYZED WAS FAIR CONDITION.*

Discharge Medications include Digoxin .375 mg p.o.q.d., Nitrodur 50 cm squared p.o.q.d., Coumadin 7.5 mg p.o.q.d., Lasix 40 mg p.o.q.a.m., Kay-Ciel 20 mEq p.o.q.a.m.

Discharge Diagnoses:

1. Idiopathic dilated cardiomyopathy.
2. Status post left MCA stroke
3. Probable sarcoidosis, not active at this time.

The patient will receive followup with Dr. Nicklas in Cardiology Clinic in two weeks. Furthermore, he will be seen by his private physician, Dr. John Wood, in Mount Pleasant, Michigan in one week who will check a prothrombin time and Digoxin level at that time. Thank you very much for referring this patient to us. Should you have any questions regarding this patient's hospitalization, please do not hesitate to contact us.

Sincerely,

DEPARTMENT OF INTERNAL MEDICINE  
Section of Cardiology

cc: John Wood, M.D.  
Davis Clinic  
314 Brown Street  
Mount Pleasant, Michigan 48858

*B. Pitt*  
Bertram Pitt, M.D.  
Attending Physician

Edward Ewald, M.D.  
Resident Physician

ADMITTED: 9-24-82  
DISCHARGED: 10-21-82  
DIAGNOSES: (See above)  
OPERATIONS/PROCEDURES: Coronary catheterization.  
COMPLICATIONS: Left MCA stroke post catheterization.  
DISCHARGE STATUS: Alive.

D: 10-21-82  
T: 10-24-82

## EXAMPLE OF GM DISABILITY INCOME BENEFITS

An employee age 37 earning a base salary of \$2,000 per month with 11 years of service who becomes totally and permanently disabled would receive:

- Salary continuation and sickness and accident benefits equal to \$2,000 per month plus cost of living allowance for the first 6 months.
- Monthly sickness and accident benefits of \$1,500 (75% of salary) for the next 6 months, followed by
- Monthly extended disability benefits of \$1,200 (60% of salary) until age 65. This amount would include disability benefits from other sources such as Part A and Part B supplementary retirement benefits and Social Security disability insurance benefits. Any Part B primary retirement benefits would be in addition.
- Monthly total and permanent disability benefits payable for life under the Retirement Program.
- Entire account balance under the Savings-Stock Purchase Program and the Employee Stock Ownership Plan.

## ADDITIONAL INSURANCE BENEFITS - FOR ACCIDENTAL INJURY

### Your Extra Accident Insurance . . .

equal to one-half of your basic life insurance (as described on page 35), provides lump sum payments for bodily injuries (severance of a hand at or above the wrist joint or a foot, at or above the ankle joint, or the permanent loss of the sight of an eye) by accidental means if the loss occurs within two years of the accident. For any one of these losses, you may receive one-half of your extra accident insurance. Your full extra accident insurance may be paid to you if you should suffer two or more such losses. Extra accident insurance benefits are payable whether you are injured on or off the job. The loss cannot be due to disease, self-inflicted injury or any act of war.

### If the Loss Occurs While You Are On Company Business

an additional benefit may be paid equal to the amount of your extra accident insurance that is payable.

### To Apply for Extra Accident Insurance Benefits

you must complete a claim form provided by General Motors for that purpose and return it to the GM unit where you last worked.

### Personal Accident Insurance

also provides lump sum payments for loss of body members or eyesight as the result of an accident. Detailed information and enrollment cards are contained in the booklet "Personal Accident Insurance".

## OTHER BENEFIT PROGRAM COVERAGES WHILE ON DISABILITY LEAVE

### Health Care Coverages

Your Health Care coverages, including dental, will continue to be provided at GM expense while you are on an approved disability leave and fully and totally disabled if you are

less than six months of service when your leave commenced. You must share the cost.

You may continue your comprehensive medical expense insurance coverage by paying the your monthly employee contribution for it, and as your other coverages remain in effect.

AUG 12 '82

YOU WERE EXAMINED ON:

44001

Date ~~August 17~~ 1982

Time 11:30 ☒ AM ☐ PM BY: X

Examining Physician/Clinic:

DR. BIHL  
RIVERFRONT NORTH MEDICAL CENTER  
3200 CABARET TRAIL SO.  
P.O. BOX 6158  
SAGINAW, MI. 48608

To:

Alvin Schmidt  
1346 W. Denver  
Weidman, MI. 48893

- ☐ The Impartial Medical Examiner, named above, indicated you were found to be unable to work at the time of the above examination.
- ☒ The Impartial Medical Examiner, named above, indicated you were found to be unable to work at the time of the above examination. According to the most recent medical information received from your physician, you will be able to return to work on or before 9-11-82. Therefore, Sickness and Accident benefits will continue through 9-16-82. (However, if you are scheduled for a medical examination prior to this date, benefits may be suspended sooner, depending on the results of the examination.)
- ☐ The Impartial Medical Examiner, named above, indicated you were found to be able to work at the time of the above examination. The results of this examination are final and binding upon you, General Motors, the ~~Union~~ and the Insurance Company. Generally, benefits are not payable after you have been found to be able to work. Accordingly, your claim has been referred to Metropolitan Life for review. You will be hearing from us in the near future.
- ☐ The Impartial Medical Examiner, named above, indicated you were found to be able to work at the time of the above examination. The results of this examination are final and binding upon you, General Motors, the ~~Union~~ and the Insurance Company. Generally, benefits are not payable after you have been found to be able to work. Accordingly, your claim has been referred to Metropolitan Life for review. You will be hearing from us in the near future. Meanwhile, you will receive a check for benefits through

If you have any questions regarding your claim or this examination, contact our Insurance Office.

One of the curious things about this is that before returning to work I had to be examined by the plant Doctor and he said I would be able to return to work in about 2 wks. I had the stroke on 9-26-82

## Attending Physician's Statement of Disability

The patient is responsible for completion of this form without expense to the Company

Patient's Name Arvin Schmidt

1. Diagnosis:

Cerebral Stroke, Cardiac artery  
Pneumonia Diabetes mellitus 2

2. Concurrent Condition(s):

Fatigue / Insomnia

3. What objective findings helped you with your diagnosis?

EVA, Cardiac artery

4. What is the patient's current treatment program?

5. What medications are currently prescribed to the patient?

As enclosed.

6. How long have you been treating the patient:

Oct. 2002

What is the date of the last visit?

6/17/047. Is patient: Ambulatory ☒Bed Confined ☐House Confined ☐Is the patient confined to a medical facility? Yes ☐No ☒

If yes, please give name and address of facility:

8. Has the patient's progress: Improved ☒Unimproved ☐Retrogressed ☐Recovered ☐

Date recovered

9. Is the patient a suitable candidate for a rehabilitation program?

Yes ☐No ☒

10. Please help us understand the extent of disability:

Is the patient totally disabled for any occupation?

Yes ☒No ☐

Is the patient totally disabled for His/Her occupation?

Yes ☒No ☐

If 'no' to either question, when was patient able to go back to work? \_\_\_\_/\_\_\_\_/\_\_\_\_

If 'yes' to either question, when do you think patient will be able to resume any work? \_\_\_\_/\_\_\_\_/\_\_\_\_

If the patient is a retired individual, is the patient disabled from performing each and every activity of a person in good health of like age? Yes ☒ No ☐

Physician: Please Sign

Physician's Name (Printed)

P. Shankar

Signature and Degree

[Signature] MD

Tax ID No.

38-3628745

Office Street Address

1201 South Drive

City

Mt. Pleasant

State

MI

Zip Code

48355

Office Phone Number

(734) 779-5050

Office Fax Number

(734) 779-5057

Date

6/24/04